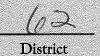
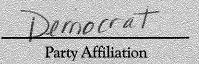
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HOUSE OF REPRESENTATIVES OF THE STATE OF INDIANA

STATE HOUSE INDIANAPOLIS, INDIANA 46204

STATEMENT OF ECONOMIC INTERESTS FOR THE CALENDAR YEAR **2007**

This statement shall be filed by members not later than seven days following the first session day in January of each year and covers only activity occurring in the preceding calendar year. Non-incumbent candidates for the General Assembly must file this statement before filing a declaration of candidacy, All statements shall be filed with the Principal Clerk of the House, Room 3A-8, 3rd Floor State House, Indianapolis.

Additional pages may be inserted, if necessary, See IC 2-2.1-3, for any clarification of the questions.

Incumbent legislator (x)	Legislative candidate (x)		
	the employer(s) of your spouse and the nature of the enaber of or candidate for the Indiana General Assembly		
NAME OF EMPLOYER	NATURE OF BUSINESS	Your Employer (x)	Spouse's Employer (x)

NAME OF EMPLOYER	NATURE OF BUSINESS	Your Employer (x)	Spouse's Employer (x)
Community Least A Care	Physician CLINIC		
STATE OF INDIANA	JUDGE, CIRCUIT COURT		

List the name of any corporation of which you or your spouse are an office or director and the nature of the rporation's business. Churches need not be listed. NAME OF BUSINESS NATURE OF BUSINESS Your Business (x) Busin	S NATURE OF BUSINESS Your Business (x) LC IN ACTIVE tion of which you or your spouse are an office or director and the nature of the s need not be listed. S NATURE OF BUSINESS Your Spouse's Business (x) Business (x) Spouse's Business (x) tion in which you, your spouse or unemancipated child own stock or stock options havilo,000. No time or demand deposit in a financial institution or an insurance policy nee		NATURE C	NATURE OF BUSINESS		Spouse's Business (x,
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List the name of any corporation in which you, your spouse or unemancipated child own stock or stock option ir market value in excess of \$10,000. No time or demand deposit in a financial institution or an insurance potted.	# \$7# ##\$/17##¥#XD12++++++++++++++++++++++++++++++++++++					
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	enging tradition of the state o	ed.		Bioch (W)		

6. List the name of any state agency or the supreme court of Indiana which licenses or regulates any of the following: (a) your profession or occupation, (b) your spouse's profession or occupation or (c) any proprietorship, partnership, corporation or limited liability company listed under items 2, 3, or 4. Also list the nature of the licensure or regulation. The requirement to file certain parts with the secretary of state or to register with the department of revenue as a retail merchant, manufacturer or wholesaler shall not be considered as licensure or regulation.

NAME OF STATE AGENCY	NATURE OF LICENSURE	Profes Occup	ssion or ation (x)	Busin under No	ess listed 5. 2, 3, 4
		You	Spouse	You	Spouse
	EAL ESTATE APPRAISAL	lv			
		- (1)			
		130 mag (1997)			

7. List the name of any person whom you know to have been a lobbyist in the previous calendar year and whom you know to have purchased the following: (a) from you, your sole proprietorship or family business, goods or services for which the lobbyist paid in excess of \$1,000 or (b) from you partner, goods or services for which the lobbyist paid in excess of \$1,000. This subdivision does not apply to purchases made after December 31, 1998, by a lobbyist from a legislator's retail business made in the ordinary course of business at prices that are available to the general public. For purposes of this subdivision, a legislator's business is considered a retail business if the business is a retail merchant as defined by IC 6-2.5-1-8. "Lobbyist" means any person, firm, corporation or association registered under IC 2-7-2. "Family business" means a corporation in which you and your spouse own at least 80% of the voting stock, regardless of whether all or a portion is owned jointly or severally.

NAME OF LOBBYIST	Purchased over \$100 from you or your business (x)	Purchased over \$1,000 from your partner (x)

8. List the name of any person or entity from whom you received any of the following: (a) any gift of cash from a lobbyist, (b) any single gift other than cash having a fair market value in excess of \$100 or (c) any gifts other than cash having a fair market value in the aggregate in excess of \$250. Gifts from a spouse or close relative need not be listed unless the donor has a substantial economic interest in a legislative matter. Campaign contributions need not be listed.

NAME OF DONOR	Any from	gift of cash a lobbyist (x)	Any single gift over \$100 (x)	Total gifts over
				9220 (2)
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

9. List the name of any lobbyist: (a) who is a member of a partnership or limited liability company of which you are a partner or member or employee or (b) who is an officer or director of a corporation of which you are an officer, director or employee or (c) who is a manager of a limited liability company of which you are a member or employee. Describe the legislative matters which are the object of the lobbyist's activity.

Describe the legislative matters which are NAME OF LOBBYIST	LEGISLATIVE MATTERS WHICH ARE THE OBJECT OF THE LOBBYIST'S ACTIVITY	Your Connection

10. List the name of any person or entity on whose behalf you have appeared before, contacted or transacted business with any state agency or official thereof. List also the name of the state agency, the nature of the appearance and the cause number, if any. This does not apply when the services are rendered without compensation. "State agency" does not include state-supported colleges or universities or the agencies of any municipality or political subdivision of the state.

NAME OF PERSON	NAME OF STATE AGENCY	Nature of Contact, Appearance, Etc.	Cause Number

I certify that the foregoing information is true, accurate and complete, as I am verily informed and believe.

Signature

Filed with the Clerk of the Indiana House of Representatives

this 8th day of January, 2008.

Clent Welay, Principal Clerke Name, Title City

City

Area Code / Telephone